

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

5738

BIRTH NO.

REGISTRAR'S NO.

2407

1. PLACE OF DEATH

A. COUNTY

Maricopa

B. LENGTH OF STAY

IN THIS TOWN 16 yrs IN ARIZONA 16 yrs

2. USUAL RESIDENCE

A. STATE

Arizona

(WHERE DECEASED LIVED)

IF INSTITUTION: RESIDENCE BEFORE ADMISSION

B. COUNTY

Maricopa

C. CITY OR TOWN

Phoenix

☒ IN CITY LIMITS
☐ OUTSIDE CITY LIMITS

C. CITY OR TOWN

Phoenix

☒ IN CITY LIMITS
☐ OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION)

Maricopa County General Hospital

21 E. Madison Street

D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM?

YES ☐ NO ☐

3. NAME OF DECEASED

A. (FIRST) JAMES

B. (MIDDLE) A.

C. (LAST) CLARK

4. SEX Male

5. COLOR OR RACE White

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced

6B. NAME OF SPOUSE

7. DATE OF BIRTH MONTH DAY YEAR May 5 1885

8. AGE (IN YEARS LAST BIRTHDAY) 76

IF UNDER 1 YEAR MONTHS DAYS

IF UNDER 24 HRS. HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Hotel clerk

9B. KIND OF BUSINESS OR INDUSTRY

Hotel

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Kentucky

11. CITIZEN OF WHAT COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No

(IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO. 277-01-6121

14A. FATHER'S NAME

14B. BIRTHPLACE (STATE OR COUNTRY)

15A. MOTHER'S MAIDEN NAME

15B. BIRTHPLACE (STATE OR COUNTRY)

16. INFORMANT'S SIGNATURE

Social Security Records

ADDRESS

17. DATE OF DEATH

(MONTH) JULY

(DAY) 7th

(YEAR) 1961

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

(A) *fractured ribs right thorax + pneumonia* INTERVAL BETWEEN ONSET AND DEATH

DUE TO (B) *arteriosclerotic heart disease*

DUE TO (C) *coronary arteriosclerosis*

fracture ribs right thorax

PLACE DISEASE CONTRACTED.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 29, 1961, to July 7th, 1961, THAT I LAST SAW THE DECEASED ALIVE ON July 7, 1961, AND THAT DEATH OCCURRED AT 6:00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

(DEGREE OR TITLE)

22B. ADDRESS

3435 W. Durango, Phoenix, Ariz.

22C. DATE SIGNED

7-10-61

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE

(SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

M

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

25B. DATE 7-19-61

25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix Maricopa Arizona

26A. DATE REC. BY LOCAL REG. 7/19/61

26B. REGISTRAR'S SIGNATURE

27A. FUNERAL DIRECTOR'S SIGNATURE

27B. ADDRESS Grimshaw Mortuary

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S CERT. NO. 263